



4425 W. Olive Ave., Suite 140
Glendale, AZ 85302
623-463-2727



Rx Fax Alert Send to: FAX # (623) 935-4616

REPORTING PARTY

Date _____ Time _____ Pharmacy/Doctor Name _____
Person Making Report _____
Address & Phone Number _____

TYPE OF INCIDENT

Forged Script _____ Bogus Phone-In Script _____ Dr. Shopper _____ Burglary _____
Rx Pad Theft _____ Armed Robbery _____ Other _____

SUSPECT

Suspect or Patient Name: _____
Address: _____ SS#: _____ DOB: _____
Ethnicity: _____ Sex: M _____ F _____ Weight: _____ Height Feet: _____ Inches: _____ Age: _____
Hair: Color: _____ Length: _____ Eyes: _____ Glasses: Yes _____ No _____
Clothing: _____ Distinguishing Marks: _____

VEHICLE INFORMATION

Type/Make of Vehicle: _____ Color: _____ License #/State: _____

PRESCRIPTION INFORMATION

Doctor: _____ Address: _____ Phone: _____
Name of Drug(s)/Quantity: _____ Refills _____

SYNOPSIS: (Briefly describe what happened):

Problems involving fax transmission? notify Peggy at FaxNet 1 (602) 320-4941